

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/623773** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.	11					
TOTAL CLAIMS	12					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.								
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TOTAL CLAIMS								